

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001285**

1. Entity Name

**SELIGMAN FAMILY INVESTMENT PARTNERSHIP, LTD.**

**FILED**

**02 APR 25 PM 12:33**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



Principal Place of Business

**BROKEN SOUND CLUBSIDE POINT  
2441 N.W. 59TH STREET. #503  
BOCA RATON FL 33496**

Mailing Address

**BROKEN SOUND CLUBSIDE POINT  
2441 N.W. 59TH STREET. #503  
BOCA RATON FL 33496**

2. Principal Place of Business

**469 Woldann Circle**  
Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 952948**  
Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

**Lake Mary, FL**

City & State

**Lake Mary, FL**

Zip

**32746**

Country

**USA**

Zip

**32795-2948**

Country

**USA**

4. FEI Number

**65-0767580**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ASARCH, STEVEN J ESQUIRE  
1900 N.W. CORPORATE BOULEVARD  
SUITE 400 EAST  
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

**\$5,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**\$7,295,000.00**

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P97000039460**  
NAME **SELIGMAN FAMILY INVESTMENTS, INC.**  
STREET ADDRESS **BROKEN SOUND CLUBSIDE CIR 2441 NW 59 ST 50**  
CITY-ST-ZIP **BOCA RATON FL 33496**

STREET ADDRESS **469 Woldann Circle**  
CITY-ST-ZIP **Lake Mary, FL 32746**

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **Harry L. Seligman** **3/1/2002** **(407) 3309373**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

0012730 AT

CR2E003 (9/01)